

FORM ED/1: ECONOMIC DEVELOPMENT CLOSE-OUT

Grantee:										
Award Date:										
NAIC	CS:			_ DUNS #						
Using information from the Fund A. Company(ies) Involved: Name		ing Approval/Grant Agreement, pr Jobs to be Created/Retained			Existing Employees (at Start of Project)					
2. St	B. Private InvesC. Pledged privD. Grantee cashE. Grantee in-kecatus of project to content	ate investment match:ind match:late:	se Date:				· ·			
	A. Number of p B. If pledged jo	b creation/ret	tention goa		en reache	ed, explain w	why not.			
	C. Breakdown of	of jobs, job ti	tles (see Eı	mployment Da	ıta under	"Job Titles") and appli	cants:		
Company		Present Employment	New/ Retained Jobs	Job Titles	Total LMI	Number Low/Mod Income Between 80%-50%	Number Low Income Between 50%-30%	Number Very Low Income 30% and below		

	Jobs		Applicants		
	Total Direct Beneficiaries	Hispanic Direct Beneficiaries	Total Direct Beneficiaries	Hispanic Direct Beneficiaries	
White:					
Black/African American:					
Asian:					
American Indian/Alaskan Native:					
Native Hawaiian/Other Pacific Islander:					
American Indian/Alaskan Native & White:					
Asian & White:					
Black/African American & White:					
Am. Indian/Alaskan Native & Black/African Am.:					
Asian & Native Hawaiian/Other Pacific Islander:					
All Others:					
TOTAL					
Female Head of Household:					
Handicapped (Disabled):					
Elderly:					
Immediate Prior Unemployment					
D. Amount of private investment doc					
E. Amount of grantee cash match do					
F. Amount of grantee in-kind match	documented:				
Program Income (Loan Only)					
A. Terms of loan:	/		/		
no. of years					
B. Payable:	/ First Inst	allment Due:			
monthly, semi-annually, ann	ually		date		
C. Option exercised by grantee regard 1) Return all program 2) Return principal to3) Retain all program	income to St State; retain	ate	me of funding	g (check one)	
D. Repayments made to date:pr	+	·	=		
pr	incipal	interes	t	total	
E. Amount on hand (not spent):					

3.

F. Name of contact person regarding p Name:	_
Agency:	
Telephone Number:	
-	
Name of Grantee's Chief Elected Official	
Signature of Grantee's Chief Elected Official	Date
Name of Company's Chief Executive Officer	
Signature of Company's Chief Executive Officer	Date